

Disease Specific Care Certification

Two Day Review Template Agenda for:

Thrombectomy-Capable Stroke Center Certification (TSC) or Primary Stroke Center Certification (PSC) providing Mechanical Thrombectomies

Please refer to the Disease Specific Care Review Process Guide for additional information.
All times are local.

DAY ONE	Activity	Organization Participants
8:00 – 9:30 am	Opening Conference <ul style="list-style-type: none"> Reviewer will begin this session with a few remarks and introduction of themselves, followed by an introduction of the program staff Next, hospital and/or program leadership will present an orientation to Program. Topics to be covered include: <ul style="list-style-type: none"> Program leadership Program interdisciplinary team composition Program design and integration into hospital Program mission, vision, and goals of care Population characteristics and needs Health equity efforts Program selection and implementation of Clinical Practice Guidelines (CPGs) Overall program improvements implemented and planned Presentation will be followed by a brief Q&A Reviewer will end session with: <ul style="list-style-type: none"> Overview of agenda and objectives Dialogue about what the reviewer can do to help make this a meaningful review for the program 	Program Clinical and Administrative Leadership Individuals responsible for performance improvement processes within the program and, as applicable, the organization Others at the discretion of the organization
9:30 – 10:00 am	Reviewer Planning Session A list of stroke patients for tracer selection separated by diagnosis, with date of admission and discharge (as applicable) <ul style="list-style-type: none"> - Current Inpatients - Discharged patients 	Program representative(s) that can facilitate patient selection and tracer activity
10:00 am – 12:30 pm	Individual Tracer Activity - Evaluation of patient care, treatment, and services, including: <ol style="list-style-type: none"> Emergency Department <ul style="list-style-type: none"> -How patients arrive and process for notification -Discuss process for obtaining EMS records -Discuss transfer in/transfer out protocols Advanced Imaging IR Suite <ul style="list-style-type: none"> -Informed consent Acute Stroke Care <ul style="list-style-type: none"> -Stroke unit 	Program representative(s) that can facilitate tracer activity

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	<ul style="list-style-type: none"> -ICU 5. Post-Acute Stroke Care <ul style="list-style-type: none"> -Assessment -Goals -Patient/Family education -Referrals -Transfers -Medical care -Nursing care -Social work/Case management -Additional care (could include speech therapy, physical therapy, occupational therapy, psychology, pharmacy) 6. Transfer/Discharge 7. Follow-up Call 8. Closed Record Review	
12:30 – 1:00 pm	Reviewer Lunch	
1:00 – 3:30 pm	Individual Tracer Activity (cont.)	Program representative(s) that can facilitate tracer activity
3:30 – 4:30 pm	Team Meeting/Reviewer Planning Session – – Address any special issues for resolution – Communicate summary of the first day's observations – Select individual patient tracers for Day 2	As determined by the organization
DAY TWO	Activity	Organization Participants
8:00 – 8:30 am	Daily Briefing A brief summary of the first day's agenda will be provided	As determined by the organization
8:30 – 11:30 am	Individual Tracer Activity (cont.)	Program representative(s) that can facilitate tracer activity
11:30 am – 1:00 pm	System Tracer: Data use, and performance improvement (PI) <ul style="list-style-type: none"> - Use of a defined performance improvement methodology - Volumes of mechanical thrombectomies - Complication rate data - Public reporting of outcomes (for TSC only) - Current stroke performance measure data - Interdisciplinary program review - Use of the stroke registry - Patient perception of care data specific to stroke patient population - Review of the program's stroke team log 	
1:00 – 1:30 pm	Reviewer Lunch	
1:30 – 3:00 pm	Competence Assessment/Credentialing Process: <ul style="list-style-type: none"> • Orientation and training process for program • Methods for assessing competence of practitioners and team members • Inservice and other education and training activities provided to program team members 	Individuals responsible for Program Education Medical Staff Office Personnel Human Resources

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	<p>Reviewers will review personnel records and Credentialing files.</p> <ul style="list-style-type: none"> - Nursing Staff - Medical Staff - Other Staff <p>The reviewers may also ask to view the personnel records of the:</p> <ul style="list-style-type: none"> - Medical Director of Stroke Program - Stroke Coordinator - Director of Rehabilitation Services - Advanced Practice Nurse <p>Provider Files</p> <ul style="list-style-type: none"> • Licensure • DEA Licensure • Most recent reappointment letter • Board certification • Privileges and applicable supporting documents • OPPE or FPPE (two most recent, as applicable) • CME or attestation for CME <p>Staff Files</p> <ul style="list-style-type: none"> • Licensure (if applicable) • Certification (if applicable) • Job description • Most recent performance evaluation • Program Specific <i>Orientation</i> Education/Competencies • Program Specific <i>Ongoing</i> Education/Competencies 	
3:00 – 3:30 pm	<p>Summary Discussion</p> <p>This time will be utilized for a final discussion prior to the reviewer's report preparation and the exit conference. Topics that may be discussed include:</p> <ul style="list-style-type: none"> • Any issues not yet resolved (IOUs) • Identified Requirements For Improvement (RFIs) • What made the review meaningful to the team • Sharing best practices to inspire quality improvement and/or outcomes • Educative activities of value to the program • Did I meet the goals of your team today? 	<p>Program Leadership</p> <p>Others at Program's discretion</p>
3:30 – 4:00 pm	Reviewer Report Preparation	
4:00 – 4:30 pm	Program Exit Conference	<p>Program Leadership</p> <p>Hospital Leadership</p> <p>Interdisciplinary Team</p> <p>Members</p>

Note: This agenda is a guide and may be modified based on organizational need and reviewer discretion

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